

## Pediatric Emergency Medicine Survey

### 1) In 2008, was your ED open:

a. 24 hours/day, 7 days/week? ☐1 Yes ☐0 No

b. 365 days per year? ☐1 Yes ☐0 No

If **NO** to either question, please explain: \_\_\_\_\_

### 2) Does your ED regularly manage common pediatric complaints on site, such as:

#### a. A 6-month old with bronchiolitis? (i.e., a lower respiratory tract infection of young children)

☐1 Yes, all severity levels; severe cases receive inpatient care at your hospital

☐2 Yes, mild to moderate cases only (outpatient care); severe cases are transferred to another hospital  
(specify hospital name and city: \_\_\_\_\_)

☐0 No

#### b. A 6-year old with an asthma exacerbation?

☐1 Yes, all severity levels; severe cases receive inpatient care at your hospital

☐2 Yes, mild to moderate cases only (outpatient care); severe cases are transferred to another hospital  
(specify hospital name and city: \_\_\_\_\_)

☐0 No

#### c. A 6-year old with acute appendicitis?

☐1 Yes, evaluate and transfer to the OR at your hospital (i.e., an in-house facility where surgical procedures are performed)

☐2 Yes, evaluate, but transfer to another hospital for surgery  
(specify hospital name and city: \_\_\_\_\_)

☐0 No

### 3) Although every ED would evaluate a critically ill patient of any age, some EDs predominantly treat adults, while others may predominantly treat younger patients (e.g., age <18 years). Does your ED have an age-related policy?

☐1 Yes (specify age range): \_\_\_\_\_ ☐0 No, all ages seen

### 4) For EDs that regularly treat adults: Does your ED have a separate "pediatric ED" (i.e., a dedicated ED area for children only)?

☐1 Yes

☐0 No, children <12 treated alongside adults in the same general area

☐2 Not applicable (e.g., children's hospital)

If YES,

How many dedicated pediatric beds does your ED have?

# PED ED BEDS

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### 5) What is the total number of beds in your ED

(exclude hallway and ED-based OBS unit, if applicable;  
include dedicated pediatric beds, if applicable)

# ED BEDS

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### 6) What is the total number of pre-designated hallway beds

(i.e., beds located in hallways used when standard rooms are at or near full occupancy.)

# HALLWAY BEDS

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### 7) What is the total number of ED-based OBS unit beds

(i.e., beds for ED patients who require monitoring for up to forty-eight hours.)

# OBS BEDS

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## STAFFING

### 8) Do you have identified coordinators for pediatric emergency medicine in your ED? [check all that apply]

☐ Yes, physician coordinator(s)

☐ Yes, nurse coordinator(s)

☐ No

### 9) Is at least one attending physician (not resident) on duty in the ED 24 hours/day, 7 days/week? (exclude on-call physicians)

☐1 Yes

☐0 No

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If NO,

When a physician is unavailable, is any physician available to the ED by two-way voice communication 24 hours/day, 7 days/week:

a. From within your hospital? ☐1 Yes ☐0 No

b. From outside of your hospital? ☐1 Yes ☐0 No

- 10) What percent of attending emergency physicians are board-certified or board-eligible by American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or American Board of Pediatrics/Pediatric Emergency Medicine (ABP/Peds EM)?

% BC/BE

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11) Are the following consultants available <u>in-person</u> to the ED?					On average, how long does the consultant take to arrive?			Is the consultant available 24 hours/day, 7 days/week?	
		Yes	No		0-29 min	30-59 min	≥ 60 min	Yes	No
a.	Anesthesiologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b.	Cardiologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c.	General Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d.	Neurologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e.	Neurosurgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f.	Obstetrician-Gynecologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g.	Orthopedic Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h.	Pediatrician	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

- 12) Does your ED obtain consultation via video conferencing equipment? (e.g., video transmission to outside experts for evaluation of an acute stroke patient in your ED)

☐1 Yes (specify): \_\_\_\_\_

☐0 No

## NUMBER OF VISITS EACH YEAR

- 13) a. What is the total number of patient visits at your ED each year?

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## NUMBER OF VISITS EACH YEAR BY CHILDREN AND ADULTS

- b. Does your ED use an age other than 18 years to distinguish between children and adults?

If YES, specify cut-off: age < \_\_\_\_\_ years)

- c. How many visits by children (e.g., age <18) does your ED have each year?

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- d. How many visits by adults (e.g., age 18+) does your ED have each year?

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- e. What is the approximate date range used for these estimates?

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YY MM YY

- 14) Is there a department of pediatrics in your hospital?

☐1 Yes ☐0 No

- 15) Does your hospital have a dedicated pediatric ICU? (i.e., a unique and physically separate facility from the ICU with its own staff that specializes in pediatric critical care)

☐1 Yes ☐0 No

If NO,

Where is the nearest dedicated pediatric ICU to which you would transfer critical care patients?

☐ not sure

NAME OF HOSPITAL AND CITY \_\_\_\_\_

- 16) Approximate percent of all ED visits that led to admission, including OBS admissions (ED-based OBS unit + OBS status)

% ADMITTED = % OBS + % REGULAR + % ICU

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THANK YOU!